



FAMILY INFORMATION (please print clearly) One form per family or address * Required Information			
<input type="checkbox"/> Check here if new address/phone/e-mail		<input type="checkbox"/> Special Accommodations ADA Information (check if needed)	
PLEASE DO NOT USE THIS FORM FOR CAMPS, SR. TRIPS & CHILDCARE.			
Please check one: <input type="checkbox"/> Classes <input type="checkbox"/> Sports <input type="checkbox"/> Trips <input type="checkbox"/> Teens <input type="checkbox"/> Swim <input type="checkbox"/> Sr. Center			
*Home Phone # ()			
*Main Contact (Last Name)		First Name	Birthdate M/D/Y Sex M/F
*Family Address		Apt. #	City/Town Zip
Main Contact e-mail address		Business # Phone () Ext. _____	
Second Contact (Last Name)		First Name	Birthdate M/D/Y Sex M/F
Address		Apt. #	City/Town Zip
Home Phone # ()		Business # () Ext. _____	
Emergency Contact (other than parent or adult participant)		Emergency Contact Phone	
1st Registrant (Last Name)		First Name	
School Attending (if applicable)		Birthdate M/D/Y	Sex M/F Grade
Course #	Course Name		Fee
Course #	Course Name		Fee
2nd Registrant (Last Name)		First Name	
School Attending (if applicable)		Birthdate M/D/Y	Sex M/F Grade
Course #	Course Name		Fee
Course #	Course Name		Fee
<p style="text-align: center;">Five Easy Ways to Register!</p> <p> - Most convenient method. Available 24 hours a day, 7 days a week.</p> <p>1. Online: Go to www.rockvillemd.gov and click on </p> <p>2. Telephone: 301-762-4284</p> <p>3. Fax to: Rockville City Hall - 240-314-8659 Rockville Municipal Swim Center - 240-314-8759 Rockville Senior Center - 240-314-8809</p> <p>4. Mail To: Rockville City Hall, Dept. of Rec. & Parks., 111 Maryland Ave., Rockville, MD 20850 Rockville Municipal Swim Center, 355 Martin's La., Rockville, MD 20850 Rockville Senior Center, 1150 Carnation Dr., Rockville, MD 20850</p> <p>5. Drop off: City Hall, Swim Ctr, Senior Ctr, TCRC, LPCC & Croydon Creek Nature Ctr. Monday through Friday, 8:30 a.m. - 4:30 p.m.</p>		<p style="text-align: center;">Method of Payment: (check one)</p> <p style="text-align: right;">Sub Total \$ _____</p> <p><input type="checkbox"/> Coupon/Gift Certificate \$ _____</p> <p>Contribution: <input type="checkbox"/> Youth Rec. Fund <input type="checkbox"/> Sr. Ctr. Member \$ _____</p> <p style="text-align: right;"><input type="checkbox"/> Multi-Course Discounts \$ _____</p> <p style="text-align: right;">Total Amount \$ _____</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check** # _____ <input type="checkbox"/> Cash*</p> <p>Credit Card # _____</p> <p>Exp. Date: ____ / ____</p> <p>Card Holder Name: _____</p> <p>Signature: _____</p> <p><small>*Walk-in only. **Make Checks payable to City of Rockville.</small></p>	
For Office Use Only: <input type="checkbox"/> Mail In <input type="checkbox"/> Walk In <input type="checkbox"/> Fax <input type="checkbox"/> Drop off <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Other _____			
Processed by: _____ Date Processed: _____ Total Paid: _____			
<p>When registering for a City of Rockville activity, the participant assumes all risks associated with participation in the program, and hereby releases and holds harmless and indemnifies the Mayor and Council of Rockville, and all of its agents, officers and employees, from any claims for injuries or losses to participant or other persons or property. The City assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the City encourages each participant to consult his/her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the City's use of any photographs taken or videotapes made of the program. If participant is a minor, the parent/guardian approves the minor's participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled programs.</p>			